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CONFIRMATION NO. 5415

SERIAL NUMBER 10/829,388	FILING OR 371(c) DATE 04/22/2004 RULE	CLASS 424	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. 330261
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APPLICANTS
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**** CONTINUING DATA *******
 This appln claims benefit of 60/464,532 04/22/2003 and claims benefit of 60/525,391 11/24/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 07/12/2004

**** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY NJ	SHEETS DRAWING 31	TOTAL CLAIMS 116	INDEPENDENT CLAIMS 2
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ADDRESS
35657

TITLE
Polyvalent protein complex

FILING FEE RECEIVED 1414	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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